

NONE Exhibit 5 - Amounts Due from Parent, Subsidiaries and Affiliates

NONE Exhibit 6 - Amounts Due to Parent, Subsidiaries and Affiliates

NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UAHC Health Plan, Inc. are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee.

There are no reconciling items between the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the state of Tennessee.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

TennCare capitation revenues are recognized as health insurance coverage is provided to enrollees.

In addition, the company uses the following accounting policies:

(1) Cash and cash equivalents should include cash and all highly liquid investments with an original maturity of one year or less rather than 3 months.

(2) The carrying values of cash and cash equivalents, receivables, and fixed maturities approximate fair values of these instruments.

(3) Comprehensive income is the total of net income and all other non-ownership changes in equity, as required by Financial Accounting Standard No. 130, Reporting Comprehensive Income.

(4) The Company provides for medical claims incurred but not reported based primarily on past experience, together with current factors, using accepted actuarial methods. Estimates are adjusted as changes in these factors occur, and such adjustments are reported in the year of determination. Although considerable variability is inherent in such estimates, management believes that these reserves are adequate.

(5) Fixed maturities are comprised of investments in certificates of deposit, federal agency debt securities, and U.S. Treasury notes carried at fair value, based upon published quotations of the underlying security, and six-month certificates of deposit, carried at cost plus interest earned, which approximates fair value. Fixed maturities placed in escrow to meet statutory funding requirements, although considered available for sale, are not reasonably expected to be used in the normal operating cycle of the Company and are classified as noncurrent. All other available-for-sale securities are classified as current.

Premiums and discounts are amortized or accreted, respectively, over the life of

NOTES TO FINANCIAL STATEMENTS

the related debt security as an adjustment to yield using the yield-to-maturity method. Interest income is recognized when earned. Realized gains and losses on investments are included in investment income and are derived using the specific identification method for determining the cost of securities sold; Unrealized gains and losses on fixed maturities are recorded as a separate component of stockholders' equity, net of deferred federal income taxes._ _

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors
None.

B. Cumulative Effect of Changes in Accounting Principles as a Result of the Initial Implementation of Codification

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Tennessee. Effective January 1, 2001, the State of Tennessee required that insurance companies domiciled in the State of Tennessee prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual subject to any deviations prescribed or permitted by the State of Tennessee insurance commissioner.

Accounting changes adopted to conform to the provision of the NAIC Accounting Practices and Procedures manual are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that increased (decreased) unassigned funds (surplus), of \$ 0 as of January 1, 2003.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments

A. Mortgage Loans – None.

B. Debt Restructuring – None.

C. Reverse Mortgages – None.

D. Loan-Backed Securities – None.

E. Repurchase Agreements – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

The total amount excluded was \$ 0.

8. Derivative Instruments

None.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of the net deferred tax asset (liability) at December 31, 2007 and 2006 are as follows:

	2007	2006
Total of all deferred tax assets (admitted and nonadmitted)	\$797,536	\$0
Total of all deferred tax liabilities	\$0	\$0
Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	\$0	\$0
Increase (decrease) in deferred tax assets Nonadmitted	\$0	\$0

B. The components of income tax expense (benefit) for the years ended December 31, 2007 and 2006 are as follows:

	2007	2006
Current	\$977,389	\$369,275
Deferred	\$	\$0
Total	\$977,389	\$369,275

C. Deferred income taxes arise primarily from net operating loss carry-forwards and unrealized investment holding gains. As of December 31, 2007, the company has utilized all of its net operating loss carry forwards for tax purposes.

10. Information Concerning Parent, Subsidiaries and Affiliates

At December 31, 2007, the Company reported \$ 0 as accounts receivable due from the Parent Company, United American of Tennessee, Inc.

The Parent Company, United American of Tennessee, Inc. has contracted with the Company to provide management services for their Medicaid and Medicare HMO.

The Parent Company, United American of Tennessee, Inc. owns 100% of the Company's common stock and all of the Company's outstanding preferred stock.

11. Debt

None.

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The Company has 89,100,000 shares of common stock authorized with 8,000,000 shares issued and outstanding. The stock has a par value of \$0.025. The Company has 12,550,000 shares of Series A preferred stock authorized, issued and outstanding. The stock has a par value of \$1.00 and is nonvoting, nonconvertible and non-dividend bearing. The stock has a liquidation preference of \$1.00 per share and is subject to redemption at any time by the Company at 110% of par value.

14. Contingencies

NOTES TO FINANCIAL STATEMENTS

None.

15. Leases

The company leases its facilities under an operating lease that expires in December 2010. The lease commenced in April 2005. Terms of the facility lease generally provide that the Company pay its pro rata share of all operating expenses including insurance, property taxes and maintenance. Rent Expense for the year ended December 31, 2007 and 2006 totaled \$337,728 and \$475,777 respectively. Based on the current lease agreement, the company estimates rent expense of approximately \$1,956,798 in aggregated or \$381,645, \$388,584, \$395,523, \$395,523, \$395,523 for years 2008 through 2012.

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. September 11 Events

None.

21. Other Items

The Company and the Department of Finance and Administration of the State of Tennessee, Bureau of TennCare was party to an escrow agreement under which the Company funded, on August 5, 2005, in the amount of \$2,300,000. This escrow agreement, held as security for repayment to TennCare of any overpayments to the Company as determined by an audit of all processed claims since 2002, has expired. In August 2007, the Company received \$1,289,851 plus accumulated interest earnings back from that account. In November 2007, the remaining \$1,010,149 account balance was paid to TennCare for claims discrepancies found in the review by the Tennessee Department of Commerce and Insurance.

22. Events Subsequent

On January 7, 2008, TennCare issued a Request for Proposal ("RFP") for managed care services to be provided in the West Grand Region of Tennessee. The RFP indicates TennCare's intent to secure two contracts for the provision of managed care services in that region beginning November 1, 2008. The Company has notified TennCare that UAHC-TN intends to submit a joint proposal in response to this RFP to serve the West Grand Region. As the Company derives the majority of its revenues from its present TennCare contract in that region, if the Company would not receive one of the two new contracts, that would materially adversely affect the Company's liquidity and operations.

23. Reinsurance

Under an Agreement with an insurer for the Company's Medicare product, 90% of inpatient medical claim cost in excess of \$100,000 up to \$1,000,000 per enrollee for the plan year as defined are paid by the insurer. Furthermore, our agreement with an insurer includes outpatient coverage that is limited to \$1,500

NOTES TO FINANCIAL STATEMENTS

per day. During 2007, the Company had no medical claim cost paid under the stop-loss agreement. The Company paid premiums to the insurer totaling \$59,459 for 2007.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly by the company or by any representative, officer, trustee, or director of the company?

NO

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

NO

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

NO

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

NO

B. Uncollectible Reinsurance

None.

C. Commutation of Ceded Reinsurance

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None.

25. Change in Incurred Claims and Claim Adjustment Expenses

There has been no change in the provision for incurred claim and claim adjustment expenses attributable to insured events of prior years.

The following table provides a reconciliation of the unpaid claims for the years ended December 31, 2007, 2006:

NOTES TO FINANCIAL STATEMENTS

	2007	2006
Balance at beginning of year	\$ -	\$ -
Incurred losses related to current year	5,227,207	-
Incurred losses related to prior year	-	-
Total losses incurred		-
Paid claims related to current year	2,964,299	-
Paid claims related to prior year	-	-
Total paid claims	2,964,299	-
Balance at end of year	\$ 2,262,908	\$ -

26. Intercompany Pooling Arrangements

None.

27. Structured Settlements

None.

28. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

	Rebates Per FS	Actual Rebates	Received in 90 days	Received 91 to 180 days	Received Greater than 180 days
12/31/07	\$46,629	\$46,629			
9/30/07	\$8,810	\$8,810	\$3,416		
6/30/07	\$8,810	\$8,810		\$3,416	
3/31/07					

	Rebates Per FS	Actual Rebates	Received in 90 days	Received 91 to 180 days	Received Greater than 180 days
12/31/06	\$0	\$0	\$0	\$0	\$0
9/30/06	\$0	\$0	\$0	\$0	\$0
6/30/06	\$0	\$0	\$0	\$0	\$0
3/31/06	\$0	\$0	\$0	\$0	\$0

	Rebates Per FS	Actual Rebates	Received in 90 days	Received 91 to 180 days	Received Greater than 180 days
12/31/05	\$0	\$0	\$0	\$0	\$0
9/30/05	\$0	\$0	\$0	\$0	\$0
6/30/05	\$0	\$0	\$0	\$0	\$0
3/31/05	2,611.66	2,611.66	\$0	\$0	\$0

B. Risk Sharing Receivables

Through an amendment with an effective date of July 1, 2005, TennCare implemented a modified risk arrangement ("MRA") with all its contracted MCOs, which are at risk for losing up to 10% of administrative fee revenue and potentially could receive up to 15% incentive bonus revenue based on performance relative to benchmarks (through June 30, 2007). The Company received notice from TennCare that it earned additional revenue of \$1.1 million for its performance under the modified risk arrangement for

NOTES TO FINANCIAL STATEMENTS

fiscal 2006, representing a 7% bonus revenue payout. The Company has recorded a receivable of \$280,012 associated with fiscal 2006 bonus revenue at December 31, 2007.

- 29. **Participating Policies**
None.
- 30. **Premium Deficiency Reserves**
None.
- 31. **Anticipated Salvage and Subrogation**
None.
- 32. **Exposure to Subprime Mortgages**
None.

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	45,000	0.245	45,000	0.245
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies				
1.22 Issued by U.S. government sponsored agencies				
1.3 Foreign government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations				
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations				
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA				
1.512 Issued or guaranteed by FNMA and FHLMC	9,562,094	52.137	9,562,094	52.137
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA				
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521				
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)				
2.2 Unaffiliated foreign securities				
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds				
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)				
5.3 Property held for sale (including \$ 0 property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments	8,733,394	47.618	8,733,394	47.618
9. Other invested assets				
10. Total invested assets	18,340,488	100.000	18,340,488	100.000

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Tennessee

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

11/26/2007

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

06/30/2007

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/07/2007

3.4

By what department or departments?

Tennessee Department of
Commerce and Insurance

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes ☐ No ☒

4.12

renewals?

Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes ☐ No ☒

4.22

renewals?

Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,

7.21

State the percentage of foreign control

0 %

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
UHY LLP Certified Public Accountants
26200 American Drive, Suite 400, Southfield MI, 48034-6173
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Reden & Anders,
222 South Ninth Street, Suite 1500 Minneapolis MN 55402
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 11.11 Name of real estate holding company
11.12 Number of parcels involved
11.13 Total book/adjusted carrying value \$
- 11.2 If yes, provide explanation
12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
- 12.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code. Yes [X] No []
- 13.11 If the response to 13.1 is No, please explain:
- 13.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).
- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No [X]
15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
18.11 To directors or other officers \$
18.12 To stockholders not officers \$
18.13 Trustees, supreme or grand (Fraternal only) \$
- 18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
18.21 To directors or other officers \$
18.22 To stockholders not officers \$
18.23 Trustees, supreme or grand (Fraternal only) \$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes ☐ No ☒

19.2 If yes, state the amount thereof at December 31 of the current year:

19.21 Rented from others
19.22 Borrowed from others
19.23 Leased from others
19.24 Other

\$ _____
\$ _____
\$ _____
\$ _____

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes ☐ No ☒

20.2 If answer is yes:

20.21 Amount paid as losses or risk adjustment
20.22 Amount paid as expenses
20.23 Other amounts paid

\$ _____
\$ _____
\$ _____

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ _____

INVESTMENT

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits?

Yes ☐ No ☒

22.2 If no, give full and complete information, relating thereto

Held by custodian Regions Morgan
Keegan Trust

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1).

Yes ☐ No ☒

23.2 If yes, state the amount thereof at December 31 of the current year:

23.21 Loaned to others
23.22 Subject to repurchase agreements
23.23 Subject to reverse repurchase agreements
23.24 Subject to dollar repurchase agreements
23.25 Subject to reverse dollar repurchase agreements
23.26 Pledged as collateral
23.27 Placed under option agreements
23.28 Letter stock or securities restricted as to sale
23.29 On deposit with state or other regulatory body
23.291 Other

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

23.3 For category (23.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐ N/A ☒

If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒

25.2 If yes, state the amount thereof at December 31 of the current year.

\$ _____

26. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☒ No ☐

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Regions Morgan Keegan	315 Deaderick Street, Nashville TN 37237

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

Yes ☒ No ☐

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

26.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
Amsouth Capital Markets	Regions Morgan Keegan Trust	08/01/2007	Merger

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes ☐ No ☒

27.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
27.2999	Total	

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	9,607,094	9,607,094	
28.2 Preferred stocks			
28.3 Totals	9,607,094	9,607,094	

28.4 Describe the sources or methods utilized in determining the fair values: Custodian provides market value information

29.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes ☒ No ☐

29.2 If no, list exceptions:

OTHER

30.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 4,389,737

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
VESTICA	\$ 4,362,737
	\$
	\$

31.1 Amount of payments for legal expenses, if any? \$ 11,758

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
BAKER DONELSON BEARMAN & CALDWELL	\$ 5,820
KIMELA WRIGHT COX, ATTORNEY AT LAW	\$ 5,938
	\$

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

YES [] NO [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$

1.62 Total incurred claims

\$

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned

\$

1.65 Total incurred claims

\$

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$

1.72 Total incurred claims

\$

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned

\$

1.75 Total incurred claims

\$

1.76 Number of covered lives

2. Health Test:

1

2

Current Year

Prior Year

2.1 Premium Numerator

\$

\$

2.2 Premium Denominator

\$

\$

2.3 Premium Ratio (2.1/2.2)

2.4 Reserve Numerator

\$

\$

2.5 Reserve Denominator

\$

\$

2.6 Reserve Ratio (2.4/2.5)

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

YES [] NO [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

YES [X] NO []

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

YES [] NO [X]

5.1 Does the reporting entity have stop-loss reinsurance?

YES [X] NO []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$ 100,000

5.33 Medicare Supplement

\$

5.34 Dental

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

YES [X] NO []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

549

8.2 Number of providers at end of reporting year

380

9.1 Does the reporting entity have business subject to premium rate guarantees?

YES [] NO [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

YES [] NO [X]

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

\$

\$

\$

\$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

YES [] NO [X]

YES [] NO [X]

YES [] NO [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

YES [X] NO []

11.3 If yes, show the name of the state requiring such net worth.

TENNESSEE

11.4 If yes, show the amount required.

\$ 7,230,835

11.5 Is this amount included as part of contingency reserve in stockholder's equity?

YES [] NO [X]

11.6 If the amount is calculated, show the calculation

UAHCTN's TennCare revenue for 2006 totaled \$232,055,650 there for the requirement calculation is as follows

\$7,230,835 ((\$150,000,000 x 4%) + (\$232,055,641.79 - \$150,000,000) x 1.5%)

12. List service areas in which reporting entity is licensed to operate:

1		
Name of Service Area		
TENNESSEE		

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2007	2006	2005	2004	2003
BALANCE SHEET (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	20,897,878	13,808,172	12,637,932	12,850,424	11,117,114
2. Total liabilities (Page 3, Line 22)	5,756,058	2,108,878	1,400,013	1,178,466	1,991,825
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 31)	15,141,820	11,699,216	11,237,919	11,671,958	9,108,039
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	6,492,358	360,956	538,850	585,216	1,586,096
6. Total medical and hospital expenses (Line 18)	5,197,686	(103,952)	(367,488)	(79,710)	191,499
7. Claims adjustment expenses (Line 20)	670,691		6,444,202	4,398,932	
8. Total administrative expenses (Line 21)	(876,450)	(551,677)	(7,541,118)	(6,183,150)	(6,150,859)
9. Net underwriting gain (loss) (Line 24)	1,500,431	1,016,585	2,003,254	2,449,144	1,975,126
10. Net investment gain (loss) (Line 27)	795,631	638,027	172,925	197,364	157,682
11. Total other income (Lines 28 plus 29)	(1,497,816)				
12. Net income or (loss) (Line 32)	(179,143)	1,285,337	1,683,187	2,598,968	2,253,268
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	3,165,865				
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	17,916,326	11,697,566	11,237,919	11,671,958	9,180,039
15. Authorized control level risk-based capital	5,157,293	316,774	838,579	838,549	838,584
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	106,005	110,534	122,260	130,298	129,146
17. Total members months (Column 6, Line 7)	1,275,167	1,418,559	1,545,179	1,552,662	1,456,615
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	91.0	100.0	215.0	73.8	36.5
20. Cost containment expenses	5.2				X X X
21. Other claims adjustment expenses	6.5				
22. Total underwriting deductions (Line 23)	6489743.0	(655629.0)	(1998933.0)		(74.2)
23. Total underwriting gain (loss) (Line 24)	2615.0	1016585.0	2003254.0		376.6
UNPAID CLAIMS ANALYSIS (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)			(367,488)		1,268,190
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]					1,076,691
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 53, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 7)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					



00000200743059105

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION UAHC HEALTH PLAN OF TENNESSEE, INC

2. (LOCATION)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2007

NAIC Group Code 0000

NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	110,534							110,534		
2. First Quarter	108,983							160		
3. Second Quarter	106,415							228		
4. Third Quarter	107,786							682		
5. Current Year	106,005							816		
6. Current Year Member Months	1,275,167							5,045		
Total Member Ambulatory Encounters for Year:										
7. Physician	947,278							6,353		
8. Non-Physician	140,293							1,218		
9. Total	1,087,571							7,571		
10. Hospital Patient Days Incurred	315,539							5,689		
11. Number of Inpatient Admissions	10,074							166		
12. Health Premiums Written (b)	5,710,555							5,710,555		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,964,299							2,964,299		
18. Amount Incurred for Provision of Health Care Services	5,197,686							5,197,686		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,710,555

SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate

1.	Book/adjusted carrying value, December 31, prior year	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 8	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 10	
5.	Total profit (loss) on sales, Part 3, Column 15	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 9	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets Column)	

SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets Column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	3,025,336
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	(3,025,336)
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	

SCHEDULE D - SUMMARY BY COUNTRY
Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1	2	3	4
		Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States	9,607,094	9,607,094	10,461,400	10,528,955
	2. Canada				
	3. Other Countries				
	4. Totals	9,607,094	9,607,094	10,461,400	10,528,955
States, Territories and Possessions (Direct and guaranteed)	5. United States				
	6. Canada				
	7. Other Countries				
	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States				
	10. Canada				
	11. Other Countries				
	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States				
	14. Canada				
	15. Other Countries				
	16. Totals				
Public Utilities (unaffiliated)	17. United States				
	18. Canada				
	19. Other Countries				
	20. Totals				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States				
	22. Canada				
	23. Other Countries				
	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	9,607,094	9,607,094	10,461,400	10,528,955
PREFERRED STOCKS					
Public Utilities (unaffiliated)	27. United States				
	28. Canada				
	29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States				
	32. Canada				
	33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States				
	36. Canada				
	37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS					
Public Utilities (unaffiliated)	41. United States				
	42. Canada				
	43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States				
	46. Canada				
	47. Other Countries				
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States				
	50. Canada				
	51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks				
	56. Total Bonds and Stocks	9,607,094	9,607,094	10,461,400	

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year	7,445,153	7. Amortization of premium	
2. Cost of bonds and stocks acquired, Column 7, Part 3	2,033,955	8. Foreign Exchange Adjustment:	
3. Accrual of discount		8.1 Column 15, Part 1	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2 Section 1	
4.1 Columns 12 - 14, Part 1	127,987	8.3 Column 16, Part 2, Section 2	
4.2 Column 15 - 17, Part 2, Section 1		8.4 Column 15, Part 4	
4.3 Column 15, Part 2, Section 2		9. Book/adjusted carrying value at end of current period	9,607,095
4.4 Column 11 - 13, Part 4	127,987	10. Total valuation allowance	
5. Total gain (loss), Column 19, Part 4		11. Subtotal (Lines 9 plus 10)	9,607,095
6. Deduct consideration for bonds and stocks disposed of Column 7, Part 4		12. Total nonadmitted amounts	
		13. Statement value of bonds and stocks, current period	9,607,095

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	6,193,687	3,413,407				9,607,094	100.000	7,445,153	100.000	9,607,094	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year						9,607,094	100.000			9,607,094	
10.1 Class 1	6,193,687	3,413,407							X X X		
10.2 Class 2									X X X		
10.3 Class 3									X X X		
10.4 Class 4									X X X		
10.5 Class 5									X X X		
10.6 Class 6									X X X		
10.7 Totals	6,193,687	3,413,407				9,607,094	100.000		X X X	9,607,094	
10.8 Line 10.7 as a % of Col. 6	64.470	35.530				100.000	X X X		X X X	100.000	
11. Total Bonds Prior Year											
11.1 Class 1		7,445,153									
11.2 Class 2											
11.3 Class 3											
11.4 Class 4											
11.5 Class 5											
11.6 Class 6											
11.7 Totals		7,445,153									
11.8 Line 11.7 as a % of Col. 8		100.000								7,445,153	
12. Total Publicly Traded Bonds											
12.1 Class 1	6,193,687	3,413,407				9,607,094	100.000			9,607,094	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 Totals	6,193,687	3,413,407				9,607,094	100.000			9,607,094	X X X
12.8 Line 12.7 as a % of Col. 6	64.470	35.530				100.000	X X X			100.000	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	64.470	35.530				100.000	X X X			100.000	X X X
13. Total Privately Placed Bonds											
13.1 Class 1											
13.2 Class 2											
13.3 Class 3											
13.4 Class 4											
13.5 Class 5											
13.6 Class 6											
13.7 Totals											
13.8 Line 13.7 as a % of Col. 6											
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10											

(a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z* designations and \$ 0 current year, \$ 0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0 current year, \$ 0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2
Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	6,193,687	3,413,407				9,607,094	100.000	7,445,153	100.000	9,607,094	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals	6,193,687	3,413,407				9,607,094	100.000	7,445,153	100.000	9,607,094	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
5.5 Defined											
5.6 Other											
5.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
9.5 Defined											
9.6 Other											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued)
Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	6,193,687	3,413,407				9,607,094	100.000	X X X X X X	X X X X X X	9,607,094	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined								X X X X X X	X X X X X X		
10.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES								X X X X X X	X X X X X X		
10.5 Defined											
10.6 Other											
10.7 Totals	6,193,687	3,413,407				9,607,094	100.000	X X X X X X	X X X X X X	9,607,094	
10.8 Line 10.7 as a % of Col. 6	64.470	35.530				100.000	X X X	X X X X X X	X X X X X X	100.000	
11. Total Bonds Prior Year											
11.1 Issuer Obligations		7,445,153				X X X X X X	X X X X X X	7,445,153	100.000	7,445,153	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined						X X X X X X	X X X X X X				
11.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						X X X X X X	X X X X X X				
11.5 Defined											
11.6 Other											
11.7 Totals		7,445,153				X X X X X X	X X X X X X	7,445,153	100.000	7,445,153	
11.8 Line 11.7 as a % of Col. 8		100.000				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	6,193,687	3,413,407				9,607,094	100.000	7,445,153	100.000	9,607,094	X X X X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											X X X X X X
12.3 Defined											
12.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											X X X X X X
12.5 Defined											
12.6 Other											
12.7 Totals											
12.8 Line 12.7 as a % of Col. 6						9,607,094	100.000	7,445,153	100.000	9,607,094	X X X X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10						100.000	X X X X X X	X X X X X X	X X X X X X	100.000	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										X X X X X X	
13.3 Defined											
13.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES										X X X X X X	
13.5 Defined											
13.6 Other											
13.7 Totals										X X X X X X	
13.8 Line 13.7 as a % of Col. 6							X X X X X X	X X X X X X	X X X X X X	X X X X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X X X X	X X X X X X	X X X X X X	X X X X X X	

NONE Schedule DA - Part 2

NONE	Schedule DA - Part 2
NONE	Schedule DB - Part A and B Verification
NONE	Schedule DB - Part C, D and E Verification
NONE	Schedule DB - Part F - Section 1
NONE	Schedule DB - Part F - Section 2
NONE	Schedule S - Part 1 - Section 2
NONE	Schedule S - Part 2

NONE Schedule S - Part 4

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	59				
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	18,340,488		18,340,488
2. Accident and health premiums due and unpaid (Line 13)	1,064,529		1,064,529
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	967,315		967,315
6. Total assets (Line 26)	20,372,332		20,372,332
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,262,908		2,262,908
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	5,493,150		5,493,150
13. Total liabilities (Line 22)	7,756,058		7,756,058
14. Total capital and surplus (Line 31)	14,616,274	X X X	14,616,274
15. Total liabilities, capital and surplus (Line 32)	22,372,332		22,372,332
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Is Insurer Licensed (Yes or No)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	NO							
2.	Alaska	AK	NO							
3.	Arizona	AZ	NO							
4.	Arkansas	AR	NO							
5.	California	CA	NO							
6.	Colorado	CO	NO							
7.	Connecticut	CT	NO							
8.	Delaware	DE	NO							
9.	Dist. Columbia	DC	NO							
10.	Florida	FL	NO							
11.	Georgia	GA	NO							
12.	Hawaii	HI	NO							
13.	Idaho	ID	NO							
14.	Illinois	IL	NO							
15.	Indiana	IN	NO							
16.	Iowa	IA	NO							
17.	Kansas	KS	NO							
18.	Kentucky	KY	NO							
19.	Louisiana	LA	NO							
20.	Maine	ME	NO							
21.	Maryland	MD	NO							
22.	Massachusetts	MA	NO							
23.	Michigan	MI	NO							
24.	Minnesota	MN	NO							
25.	Mississippi	MS	NO							
26.	Missouri	MO	NO							
27.	Montana	MT	NO							
28.	Nebraska	NE	NO							
29.	Nevada	NV	NO							
30.	New Hampshire	NH	NO							
31.	New Jersey	NJ	NO							
32.	New Mexico	NM	NO							
33.	New York	NY	NO							
34.	North Carolina	NC	NO							
35.	North Dakota	ND	NO							
36.	Ohio	OH	NO							
37.	Oklahoma	OK	NO							
38.	Oregon	OR	NO							
39.	Pennsylvania	PA	NO							
40.	Rhode Island	RI	NO							
41.	South Carolina	SC	NO							
42.	South Dakota	SD	NO							
43.	Tennessee	TN	YES	5,710,555					5,710,555	
44.	Texas	TX	NO							
45.	Utah	UT	NO							
46.	Vermont	VT	NO							
47.	Virginia	VA	NO							
48.	Washington	WA	NO							
49.	West Virginia	WV	NO							
50.	Wisconsin	WI	NO							
51.	Wyoming	WY	NO							
52.	American Samoa	AS	NO							
53.	Guam	GU	NO							
54.	Puerto Rico	PR	NO							
55.	U.S. Virgin Islands	VI	NO							
56.	Northern Mariana Islands	MP	NO							
57.	Canada	CN	NO							
58.	Aggregate other alien	OT	X X X							
59.	Subtotal	X X X		5,710,555					5,710,555	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a) 1		5,710,555					5,710,555	
DETAILS OF WRITE-INS										
5801.		X X X								
5802.		X X X								
5803.		X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								
Explanation of basis of allocation by states, premiums by state, etc.										

(a) Insert the number of yes responses except for Canada and other Alien.

NONE	Schedule T - Part 2
NONE	Schedule Y - Part 1
NONE	Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Waived
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Waived

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Waived
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Waived

JUNE FILING

8. Will an audited financial report be filed by June 1?

Waived

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No

APRIL FILING

14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanation:

Bar code:



0000020073900000



0000020073900000



0000020072850000



0000020072100000



0000020072200000



0000020073600000



0000020072050000



0000020072070000



0000020074200000



0000020073650000



0000020073300000



0000020072110000



0000020072130000

OVERFLOW PAGE FOR EXPLANATIONS AND BARCODES

Page 54 - Continuation
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

OVERFLOW PAGE FOR WRITE-INS
Page 3 - Continuation
LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total

REMAINING WRITE-INS AGGREGATED AT LINE 21 FOR OTHER LIABILITIES

2104. DUE TO/(FROM) STATE/MEDICAL	419,353		419,353	
2105.				
2106.				
2107.				
2108.				
2109.				
2110.				
2111.				
2112.				
2113.				
2114.				
2115.				
2116.				
2117.				
2118.				
2119.				
2120.				
2121.				
2122.				
2123.				
2124.				
2125.				
2197. Totals (Lines 2104 through 2125) (Page 3, Line 2198)	419,353		419,353	

REMAINING WRITE-INS AGGREGATED AT LINE 23 FOR SPECIAL SURPLUS FUNDS

2304.	XXX	XXX		
2305.	XXX	XXX		
2306.	XXX	XXX		
2307.	XXX	XXX		
2308.	XXX	XXX		
2309.	XXX	XXX		
2310.	XXX	XXX		
2311.	XXX	XXX		
2312.	XXX	XXX		
2313.	XXX	XXX		
2314.	XXX	XXX		
2315.	XXX	XXX		
2316.	XXX	XXX		
2317.	XXX	XXX		
2318.	XXX	XXX		
2319.	XXX	XXX		
2320.	XXX	XXX		
2321.	XXX	XXX		
2322.	XXX	XXX		
2323.	XXX	XXX		
2324.	XXX	XXX		
2325.	XXX	XXX		
2397. Totals (Lines 2304 through 2325) (Page 3, Line 2398)	XXX	XXX		

REMAINING WRITE-INS AGGREGATED AT LINE 28 FOR OTHER THAN SPECIAL SURPLUS FUNDS

2804.	XXX	XXX		
2805.	XXX	XXX		
2806.	XXX	XXX		
2807.	XXX	XXX		
2808.	XXX	XXX		
2809.	XXX	XXX		
2810.	XXX	XXX		
2811.	XXX	XXX		
2812.	XXX	XXX		
2813.	XXX	XXX		
2814.	XXX	XXX		
2815.	XXX	XXX		
2816.	XXX	XXX		
2817.	XXX	XXX		
2818.	XXX	XXX		
2819.	XXX	XXX		
2820.	XXX	XXX		
2821.	XXX	XXX		
2822.	XXX	XXX		
2823.	XXX	XXX		
2824.	XXX	XXX		
2825.	XXX	XXX		
2897. Totals (Lines 2804 through 2825) (Page 3, Line 2898)	XXX	XXX		

OVERFLOW PAGE FOR WRITE-INS

Page 14 - Continuation
UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR EXPENSES					
2504. EMPLOYEE RELATIONS EXPENSE		274	65,143		65,417
2505. CHARITABLE EXPENSE			5,454		5,454
2506. PAYROLL SERVICE EXPENSE			8,767		8,767
2507. FRANCHISE TAX EXPENSE			133		133
2508. SERVICE FEE EXPENSE			294		294
2509. BAD DEBT EXPENSE			3,656		3,656
2510. MANAGEMENT FEE EXPENSE			1,954		1,954
2511. REPAIRS & MAINTENANCE SUPPLIES EXPENSE		1,402	46,026		47,428
2512. NON-CAPITALIZED EXPENSE		374	16,271		16,645
2513. MISC EXPENSE (A/P DEFAULT SET UP)			22,931		22,931
2514. COMMITTEE MEETINGS			795		795
2515. MEDICAL CONSULTING EXPENSE		244,256			244,256
2516. BOARD MEETING EXPENSE			(600)		(600)
2517. ACCOUNTING EXPENSE			40		40
2518.					
2519.					
2520.					
2521.					
2522.					
2523.					
2524.					
2525.					
2597. Totals (Lines 2504 through 2525) (Page 14, Line 2598)		246,306	170,864		417,170

NONE	Schedule A - Part 1
NONE	Schedule A - Part 2
NONE	Schedule A - Part 3
NONE	Schedule B - Part 1
NONE	Schedule B - Part 2
NONE	Schedule BA - Part 1
NONE	Schedule BA - Part 2

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest			Dates				
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identifi- cation	Description	*	F o r e i g n	Bond CHAR	NAIC Desig- nation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	How Paid	Admitted Amount Due & Accrued	Gross Amt. Rec. During Year	Acquired	Maturity	
3133F0ZQ5	FEDERAL HOME LOAN MORTGAGE CORP				1	395,813	99.94	399,748	400,000	399,748	5,708				4.000					756	11/02/2007	01/15/2010
3133XGQ74	FEDERAL HOME LOAN BANK				1	98,750	100.00	100,000	100,000	100,000	2,010				4.130	4.410				103	04/28/2004	04/28/2009
3128X2L29	FEDERAL HOME LOAN MORTGAGE				1	201,875	99.99	199,980	200,000	199,990	5,440				4.100	3.130				91	03/19/2004	03/15/2010
3133MUWA9	FEDERAL HOME LOAN BANK				1	1,406,755	99.94	1,404,129	1,405,000	1,404,129	21,328				3,650					712	01/29/2003	01/24/2008
912828FP0	UST NOTE				1	45,000	102.77	46,245	45,000	46,245	1,092				4,880	4.880					08/03/2006	08/15/2009
3133X5YC6	FEDERAL HOME LOAN BANK				1	198,500	99.47	198,938	200,000	198,938	4,198				3,500	3.680				117	04/14/2004	10/15/2008
3133XAP50	FEDERAL HOME LOAN BANK				1	49,531	100.00	50,000	50,000	50,000	970				4.100	4.360				228	03/02/2005	03/02/2009
31331QJH1	FFCB				1	992,188	100.00	1,000,000	1,000,000	1,000,000	20,400				4,300	4.510				15,289	05/18/2005	11/18/2009
31339XM35	FEDERAL HOME LOAN BANK				1	973,438	99.38	993,750	1,000,000	993,750	20,850				3,200	4.230				7,644	06/30/2005	06/30/2008
3136F6SL4	FNMA				1	906,994			915,000		13,085				3,690	4.100				8,910	06/21/2005	12/21/2007
3136F6TV1	FNMA				1	993,125	99.97	999,690	1,000,000	999,690	13,190				3,800	4.110				7,177	07/18/2005	01/18/2008
328X04M8	FEDERAL HOME LOAN MORTGAGE CORP				1	985,625	99.72	997,180	1,000,000	997,180	15,680				3,630	4.220				16,010	04/17/2005	04/17/2008
313XXWD3	FEDERAL HOME LOAN BANK				1	265,994	101.31	268,479	265,000	268,479	4,036				5,330					4,590	06/08/2007	12/08/2012
3133MXLF4	FEDERAL HOME LOAN BANK				1	913,856	100.00	915,000	915,000	915,000					4,000	4,000				8,642	12/21/2007	04/01/2010
690005047	SUNTRUST				1	500,000	100.00	500,000	500,000	500,000					4,000	4,000					07/22/2004	07/22/2008
000000000	SUNTRUST				1	500,000	100.00	500,000	500,000	500,000					4,000	4,000					07/22/2004	07/22/2008
000000000	SUNTRUST				1	600,000	100.00	600,000	600,000	600,000					4,400	4,400					07/22/2004	07/22/2008
000000000	SUNTRUST				1	433,955	100.00	433,955	433,955	433,955											12/07/2007	01/07/2009
0199999	Subtotal - Issuer Obligations					10,461,400	X X X	9,607,094	10,528,955	9,607,094	127,987				X X X	X X X	X X X			70,269	X X X	X X X
0399999	Subtotals - U.S. Governments					10,461,400	X X X	9,607,094	10,528,955	9,607,094	127,987				X X X	X X X	X X X			70,269	X X X	X X X
5499999	Total Bonds - Issuer Obligations					10,461,400	X X X	9,607,094	10,528,955	9,607,094	127,987				X X X	X X X	X X X			70,269	X X X	X X X
6099999	Total Bonds					10,461,400	X X X	9,607,094	10,528,955	9,607,094	127,987				X X X	X X X	X X X			70,269	X X X	X X X

NONE	Schedule D - Part 4
NONE	Schedule D - Part 5
NONE	Schedule D - Part 6 - Section 1 and 2